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CONFIRMATION NO. 6614

SERIAL NUMBER 10/624,979	FILING DATE 07/22/2003  RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 7175-70579
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APPLICANTS

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 Jonathan D. Turner, Dillsboro, IN;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/090,723 03/04/2002 PAT 6,618,882  
 which is a DIV of 09/780,803 02/09/2001 PAT 6,412,126  
 which is a DIV of 09/131,080 08/07/1998 PAT 6,282,738

*O.K. R.S.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none R.S.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 08/09/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Robert R.G.S.</i> Examiner's Signature Initials	STATE OR  COUNTRY OH	SHEETS  DRAWING 16	TOTAL  CLAIMS 10	INDEPENDENT  CLAIMS 7
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ADDRESS  
 23643  
 BARNES & THORNBURG  
 11 SOUTH MERIDIAN  
 INDIANAPOLIS , IN  
 46204

TITLE  
 OB/GYN stretcher

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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